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CONFIRMATION NO. 4112

<b>SERIAL NUMBER</b> 10761,921	<b>FILING OR 371(c) DATE</b> 01/19/2004 <b>RULE</b>	<b>CLASS</b> 225	<b>GROUP ART UNIT</b> 3724	<b>ATTORNEY DOCKET NO.</b> SB-1-gw	
<b>APPLICANTS</b> Sheila Bokina, Riverhead, NY;					
** CONTINUING DATA ***** None					
** FOREIGN APPLICATIONS ***** None					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/23/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Michael I. Kroll 171 Stillwell Lane Syosset, NY 11791					
<b>TITLE</b> Surgical tape dispenser					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		